

OFFICE USE	
CONFIRMATION SENT /	

STAR REGISTRATION
COMMONWEALTH OF KENTUCKY
OFFICE OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail, ATTN: Education
Frankfort, Kentucky 40601-8400

<input type="radio"/> INDIVIDUAL
<input type="radio"/> GROUP

NAME		DATE OF BIRTH	
ADDRESS		BOARD ORDERED	YES NO
CITY		ZIP	
PERSONAL PHONE #		BUSINESS PHONE #	
EMPLOYER			
SESSION DATE & TIME REQUESTED			
SPECIAL NEEDS? (i.e., HANDICAP ACCESS)			

INCLUDE THIS FORM ALONG WITH PAYMENT IN THE FORM OF A **CHECK OR MONEY ORDER**, IN THE AMOUNT OF **\$35 PER PERSON** PAYABLE TO: **KENTUCKY STATE TREASURER** TO THE ADDRESS AT THE TOP OF THIS REGISTRATION FORM. **NO CASH WILL BE ACCEPTED.**

CLASSES MAY BE CANCELLED PRIOR TO THE SCHEDULE DATE IF NOT FILLED
PRE-PAYMENT REQUIRED FOR ADMITTANCE/REGISTRATION FEE IS NONREFUNDABLE UNLESS CLASS IS CANCELLED